## BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE	
EEE DETERMINATION D.I.P.E. CLASSIFIER FORMALITY FIEVIEW	9.4.		1/11/00	
O.I.P.E. CLASSIFIER	/		/ /	
FORMALITY FEVIEW				
RESPONSE FORMALITY REVIEW		dose	12-C	

## **INDEX OF CLAIMS**

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